Image# 14952675973 PAGE 1 / 14

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	roi ottici man	All Authorized				Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typin or the lines.	g, type	12FE4M5	
SOCIETY OF THORA	CIC SURGEO	NS POLITIC	AL ACTIC	N COM	MITTEE	
ADDRESS (number and street)	20 F STREET, N	W				
Check if different	SUITE 310 C					
than previously reported. (ACC)	WASHINGTON				DC	20001-6704
2. FEC IDENTIFICATION N	UMBER ▼	CITY 🛦			STATE A	ZIP CODE ▲
C C00325936		3. IS THIS REPORT	× (1	EW N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	N	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Duo on.	Mar 20 (M3)		un 20 (M6)	Η.	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	Apr 20 (M4)		ul 20 (M7)	-	20 (M10) Jan 31 (YE)
July 15 Quarterly Report ((c) 12-Day PRE-EI		Primary (12P) Convention (1		General (
October 15 Quarterly Report (· ·	ior the.	Convention	120)	Special (123)
January 31 Year-End Report (YE)	Election on	M = M /	D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-	Election X	General (30G	i)	Runoff (3	0R) Special (30S)
Termination Report (TER)	пероп	Election on	M M /	04	2014	in the State of
5. Covering Period 1		2014	through	M M M	/ D D /	2014
I certify that I have examined the	his Report and to th	ne best of my kno	wledge and b	elief it is tru	ie, correct and	complete.
Type or Print Name of Treasure	er DR. DOUGLAS J	I. MATHISEN				
Signature of Treasurer $\frac{DR}{}$	DOUGLAS J. MATHIS	EN	[Electronically	Filed]	oate 12	/ D D / Y Y Y Y Y 2014
NOTE: Submission of false, error	neous, or incomplete	information may su	ubject the pers	on signing th	nis Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

10 2014 24 2014 Report Covering the Period: 16 From: To: 11 **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 52404.84 January 1, 2014 (b) Cash on Hand at 64971.49 Beginning of Reporting Period..... 118138.00 13590.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 78561.49 170542.84 6(a) and 6(c) for Column B)..... 2591.12 94572.47 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 75970.37 75970.37 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

	10 16 2014 To:	11
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	11615.00	101800.00
(ii) Unitemized(iii) TOTAL (add	, 1975.00	16338.00
Lines 11(a)(i) and (ii)	13590.00	118138.00
(b) Political Party Committees (c) Other Political Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other	13590.00	118138.00
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received15. Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	13590.00	118138.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	13590.00	118138.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal		Jaionaa Tour to Date		
Activity (from Schedule H4)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating				
Expenditures	591.12	5472.47		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	591.12	5472.47		
. Transfers to Affiliated/Other Party				
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	2000.00	89000.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
. Coordinated Party Expenditures				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	100.00		
man Fontical Committees	0.00			
(b) Political Party Committees (c) Other Political Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	100.00		
. Other Disbursements	0.00	0.00		
. Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)	0.00	0.00		
(i) Federal Share	0.00	5.50		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely	0.00	0.00		
With Federal Funds	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2591.12	94572.47		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2591.12	94572.47		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	13590.00	118138.00
4. Total Contribution Refunds (from Line 28(d))	0.00	100.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13590.00	118038.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	591.12	5472.47
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	591.12	5472.47

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		6	OF		14
(che	(check only one)									
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or for commercial purposes, other than usi	ng the name and address of any political committee to	
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC S	SURGEONS POLITICAL ACTION CC	MMITTEE
Full Name (Last, First, Middle Initial) DR. E.J. CHAUVIN		Date of Receipt
Mailing Address 10 WEST DOVER DRIV	/E	11 24 2014
City	State Zip Code	Transaction ID : SA11AI.5629
ROGERS	AR 72758	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
MERCY NORTHWEST ARKANSAS	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) . DR. JACK COPELAND	ı	Date of Receipt
Mailing Address 648 LOS ALTOS DRIVE	≣	M = M / D = D / Y = Y = Y
City	State Zip Code	11 05 2014
REDLANDS	CA 92373	Transaction ID : SA11AI.5645 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Lacif neceipt this Peliod
federal political committee.	C	500.00
Name of Employer	Occupation	
RETIRED	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) . DR. JOSEPH DEARANI	1	Date of Receipt
Mailing Address 200 1ST STREET SOU		10 24 2014
ROCHESTER	State Zip Code MN 55905	Transaction ID : SA11AI.5601 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
MAYO CLINIC	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1000.00	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (option	nal)	2000.00
TOTAL This Period (last page this line nu	imber only).	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUMBER	: PAG	E 7 OF	14			
(check only one)							
X 11a	11b	11c	12				
13	14	15	16	17			

or for commercial purposes, other than using	ng the name and address of any political committee	
SOCIETY OF THORACIC S	SURGEONS POLITICAL ACTION C	OMMITTEE
Full Name (Last, First, Middle Initial) DR. EMERY C. DOUVILLE		Date of Receipt
Mailing Address 5528 SOUTHWEST HA		10 27 2014
City	State Zip Code	Transaction ID : SA11AI.5599
PORTLAND	OR 97221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
PROVIDENCE HEALTH	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) DR. ROBERT C. KING		Date of Receipt
Mailing Address 5858 CRYSTAL SPRING	GS DRIVE	M = M / D = D / Y = Y = Y
City	State Zip Code	11 05 2014 Transaction ID - CA11 A L FC 49
BAINBRIDGE ISLAND	AA 98110	Transaction ID : SA11AI.5648 Amount of Each Receipt this Period
	551.15	Amount of Each neceipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
HARRISON MEDICAL CENTER	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address 510 RAILWAY AVENUE	<u> </u>	M = M / D = D / Y = Y = Y = Y = 1
City	State Zip Code	Transaction ID : SA11AI.5631
CAMPBELL	CA 95008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	\dashv
RETIRED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (option	ral)	1750.00
	·	
TOTAL This Period (last page this line nu	mber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FC	FOR LINE NUMBER:					PAGE		8	OF		14
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NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC S	URGEONS POLITICAL ACTION CC	DMMITTEE
Full Name (Last, First, Middle Initial) DR. HOPE S. KUEHNER Mailing Address 9802 COUNTY ROAD Y		Date of Receipt
City	State Zip Code	Transaction ID : SA11AI.5633
MARSHFIELD	WI 54449	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
MARSHFIELD CLINIC	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) DR. AIDAN A. RANEY		Date of Receipt
Mailing Address 447 OLD NEWPORT BOU	JLEVARD	M = M / D = D / Y = Y = Y
City	State Zip Code	10 29 2014
NEWPORT BEACH	CA 92663	Transaction ID : SA11AI.5620 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)		
DR. ROBERT J. ROBISON		Date of Receipt
Mailing Address 95 SMITH LANE City	State Zip Code	10 31 2014
ZIONSVILLE	IN 46077	Transaction ID : SA11AI.5621 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
CORVASC MDS	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1000.00	
	I)	3000.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	9	OF	14
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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SUR	GEONS POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial) DR. FILIBERTO RODRIGUEZ-SALIN Mailing Address 500 RIDGE ROAD	IAS	Date of Receipt
City	State Zip Code	11 13 2014
MCALLEN	TX 78503	Transaction ID : SA11AI.5651 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
MCALLEN HEART SURGEONS Receipt For:	PHYSICIAN Aggregate Vegr.to-Date	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) DR. GUILLERMO SANABRIA		Date of Receipt
Mailing Address 6421 BORASCO DRIVE		11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MELBOURNE	State Zip Code FL 32940	Transaction ID : SA11AI.5657 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer WUESTHOFF HEALTH SYSTEMS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. JAMES SCHARFF		Date of Receipt
Mailing Address 6821 PERSHING AVENUE		11 19 _ 2014 _
City ST. LOUIS	State Zip Code MO 63130	Transaction ID : SA11AI.5659 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
CV&T SURGERY, LLC Receipt For:	PHYSICIAN	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1865.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LIN	IE NU	MBER	:	PAGE	1	10	OF	14
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SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) DR. KUPPE G. SHANKAR Mailing Address 3811 WINDING CREEK ROAD City State Zip Code SACRAMENTO CA 95864 FEC ID number of contributing federal political committee. Name of Employer RETIRED PHYSICIAN Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. DR. JOHN SHERWOOD Date of Receipt Date of Receipt	
SACRAMENTO CA 95864 Amount of Each Recei FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)	pt this Period
FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary Other (specify) Allount of Each Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)	
Name of Employer RETIRED Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)	250.00
RETIRED Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00 Full Name (Last, First, Middle Initial)	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00 Full Name (Last, First, Middle Initial)	
Primary General Other (specify) ▼ General 350.00 Full Name (Last, First, Middle Initial)	
Mailing Address 7109 HILLWOOD COURT	Y W Y W Y W Y
City State Zip Code Transaction ID : SA1	2014
Transaction is . GAT	
Amount of Each Need	pt this Period
FEC ID number of contributing federal political committee.	500.00
Name of Employer Occupation	
MARY WASHINGTON HEALTHCARE PHYSICIAN	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 500.00	
Full Name (Last, First, Middle Initial)	
DR. DONATO SISTO Date of Receipt	
Mailing Address 333 BORTHWICK AVENUE 10 24	2014
City State Zip Code Transaction ID : SA1 PORTSMOUTH NH 03801 Amount of Each Recei	
FEC ID number of contributing federal political committee.	1000.00
Name of Employer Occupation	
COASTAL CT ASSOCIATES PHYSICIAN	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Aggregate real to Bate V	
Other (specify) ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

Use separate schedule(s) for each category of the Detailed Summary Page

_	R LINE	PAGE	=	14			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SU	RGEONS POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) DR. J. NILAS YOUNG Mailing Address 2221 STOCKTON BOULEY	/ARD	Date of Receipt
City SACRAMENTO FEC ID number of contributing federal political committee. Name of Employer UC DAVIS MEDICAL CENTER Receipt For: Primary General Other (specify)	State Zip Code CA 95817 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 1000.00	Transaction ID: SA11AI.5667 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) DR. ANOAR ZACHARIAS Mailing Address 5644 GOLF CREEK DRIVE City TOLEDO FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary General Other (specify)	State Zip Code OH 43623 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 250.00	Date of Receipt 11 24 2014 Transaction ID: SA11Al.5640 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1250.00
TOTAL This Period (last page this line numb	er only)	11615.00

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	EMIZED DISBURSEMENTS		category of the	X 2	•	,						25 26		
		Detailed	Summary Page		27	28a		28b		28c	29	H:	30b	
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	for commercial purposes, other than using the name												_	
\setminus	NAME OF COMMITTEE (In Full)													
$ \rangle$	SOCIETY OF THORACIC SURGE	ONS PO	DLITICAL A	CTION C	COM	1MITT	EE							
\angle														
_	Full Name (Last, First, Middle Initial)					Dot-	f Die	h	m c := 1					
A.	AMERICAN EXPRESS					Date o								
	Mailing Address P.O. BOX 53852					11	/	0		Y	2014	Y		
	Maining / 1881/000 1.0. BOX 00002							0.0	,		2017			
	City	State	Zip Code			T	2004	חו וח	. 60	04B 50	70			
	PHOENIX	AZ	85072			ırans	sactio	טו חט	. 3B	21B.56	70			
	Purpose of Disbursement CREDIT CARD FEES				7	Δ	1 -/ -		D:-:			D		
	Candidate Name					Amoun	t of E	⊨ach	UISDI	urseme	ent this	Period		
	Candidate Name			Category/ Type	/	1				_	12	1.88		
	Office Sought: House Disbursen	nent For:		туре				7		,				
		Primary	General											
		Other (spec												
_	State: District:		·											
	Full Name (Last, First, Middle Initial)													
B.	AUTHORIZE.NET					Date o	f Dis	burse	ment					
	M ''' A L L					M = M	/	D		Y	Y Y	Y		
	Mailing Address P.O. BOX 8999					11	_	0	4		2014	_		
	City	State	Zip Code											
	SAN FRANCISCO	CA	94128			Trans	sactio	on ID	: SB	21B.56	671			
	Purpose of Disbursement				\neg									
	CREDIT CARD FEES					Amoun	t of E	Each	Disbu	urseme	nt this	Perioc	<u> </u>	
	Candidate Name			Category/	/						2	25.48	1	
	Office Sought: House Disbursen	nont For		Туре				,		7			4	
		nent For: Primary	General											
		Other (spec												
	State: District:	- (5 200	*											
	Full Name (Last, First, Middle Initial)													
C.	MERCHANT SERVICES					Date o	f Dis	burse	ment					
						M M	/	D	D	Y	Y Y	Y		
	Mailing Address 7300 CHAPMAN HIGHWAY					11		03	3		2014			
	City	State	Zip Code											
	,	TN	2ip Code 37920			Trans	sactio	on ID	: SB	21B.56	72			
	Purpose of Disbursement				7									
	CREDIT CARDS FEES					Amoun	t of E	Each	Disbu	urseme	nt this	Period	1	
	Candidate Name			Category/	,		-		-	-		6.05	7	
				Туре				,		7	6	6.95		
	Office Sought: House Disbursen													
		Primary	General											
	State: District:	Other (spec	ony) ▼											
	Otato. District.												_	
١	UBTOTAL of Disbursements This Page (optional)										21	4.31	1	
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П	EMIZED DISBURSEMENTS	for each	category of the	'		21b [□ 26			
		Detailed	Summary Page			27			28b	\vdash	28c	29	3			
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	ny information copied from such Reports and Staten for commercial purposes, other than using the nam															
Ť	NAME OF COMMITTEE (In Full)									01						
$ \rangle$	SOCIETY OF THORACIC SURGE	ONG DA		CTIC	ואר	$C \cap V$	/K//ITT		=							
/	SOCIETY OF THURACIC SURGE	ONS PC	JEITICAL A		אוכ	COIN	/IIVII I I		-							
<u></u>	Full Name (Last, First, Middle Initial)															
A.	MERCHANT SERVICES						Date o	f Dis	sburse	emer	nt					
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	Mailing Address 7300 CHAPMAN HIGHWAY						11		1	1	2	2014				
	,	State	Zip Code				Trans	sacti	ion ID	: SE	321B.566	69				
	KNOXVILLE Purpose of Disbursement	TN	37920													
	CREDIT CARDS FEES						Amoun	t of	Fach	Dieł	oursemer	nt thie	Period			
	Candidate Name				-	<u> </u>	, anoul	. 01	_aon	ופום	, ai 3011161		. Criou			
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	Office Sought: House Disbursen	nent For:		'	,,,,,				7		7					
		Primary	General													
	President	Other (spec	cify) 🔻													
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В.	SUNTRUST BANK						Date o	f Dis	sburse	emer	nt					
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	Mailing Address 3440 WISCONSIN AVENUE, NW						10		2	21		2014				
	Otto	21 - 1 -	7:- 0- !													
	City S WASHINGTON	State DC	Zip Code 20016				Trans	sacti	ion ID	: SI	321B.558	39				
	Purpose of Disbursement		20010													
	BANK CHARGES						Amoun	t of	Each	Dist	oursemer	nt this	Period			
	Candidate Name			Cat	egor	rv/		-	-	_		-				
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	Office Sought: House Disbursen	nent For:	l.													
		Primary	General													
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_	Full Name (Last, First, Middle Initial)						_									
C.	SUNTRUST BANK						Date o	t Dis	sburse	emer						
	Moiling Address 0440 MISSONISM AVENUE 1999						M = M	1	2			Y Y	Υ			
	Mailing Address 3440 WISCONSIN AVENUE, NW						11	4	2	. 1	2	2014				
	City	State	Zip Code			$\overline{}$			_							
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	Purpose of Disbursement				-											
	BANK CHARGES			L.			Amoun	t of	Each	Disk	oursemer	nt this	Period			
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	Office Sought: House Disbursen															
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_	State: District:															
_ ا	SUPTOTAL of Disharana to This Day () in the											376	5.81			
L	SUBTOTAL of Disbursements This Page (optional)					<u> </u>		-	7		7	310				
٦	OTAL This Period (last page this line number only)						'					59	1.12			
	(lact page the line hallber offly)								ARI		(8)					

SCHEDULE B (FEC Form 3X)	FOR LINE	FOR LINE NUMBER: PAGE 14 OF 14									
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:								
I I LIVIIZED DISBURSEIVIEN I S	for each category of the	21b	22 💢 23 24 25 26								
	Detailed Summary Page	27	28a 28b 28c 29 30b								
Any information copied from such Reports and States	ments may not be sold or us	sed by any nerso	on for the purpose of soliciting contributions								
or for commercial purposes, other than using the nar											
NAME OF COMMITTEE (In Full)											
$ \; angle$ SOCIETY OF THORACIC SURGE	ONS POLITICAL A	CTION CO	MMITTEE								
	.01101 021110/127	.01101100									
Full Name (Last, First, Middle Initial)											
A. FRENCH HILL FOR ARKANSAS			Date of Disbursement								
			M M / D D / Y Y Y Y								
Mailing Address P.O. BOX 7841			10 29 2014								
City	State Zip Code										
LITTLE ROCK	AR 72217		Transaction ID : SB23.5590								
Purpose of Disbursement	72211										
CONTRIBUTION		1	Amount of Each Disbursement this Period								
Candidate Name		Category/									
JAMES FRENCH HILL		Type	1000.00								
Office Sought: House Disbursel	ment For: 2014										
Senate	Primary General										
President	Other (specify) ▼										
State: AR District: 02											
Full Name (Last, First, Middle Initial)			Data of Dishurasment								
B. JEFF MERKLEY FOR OREGON			Date of Disbursement								
Mailing Address P.O. BOX 14172			10 29 2014								
Mailing Address F.O. BOX 14172			10 23 2014								
City	State Zip Code		Transaction ID : SB23.5594								
PORTLAND	OR 97293		Transaction ID: SB23.5594								
Purpose of Disbursement CONTRIBUTION											
Candidate Name			Amount of Each Disbursement this Period								
JEFFREY A. MERKLEY		Category/	1000.00								
	ment For: 2014	Туре									
✓ Senate	Primary General										
President	Other (specify) ▼										
State: OR District: 00	\ 1										
Full Name (Last, First, Middle Initial)											
C.			Date of Disbursement								
			M M / D D / Y Y Y Y								
Mailing Address											
City											
City	State Zip Code										
Purpose of Disbursement											
	·										
Candidate Name		Category/	Amount of Each Disbursement this Period								
		Type									
	ment For:										
Senate	Primary General										
President	Other (specify) ▼										
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SUBTOTAL of Disbursements This Page (optional)		······	2000.00								
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